Revision:

HCFA-PM-91-4 August 1991 (BPD)

Supplement 1 to ATTACHMENT 4.19-B

Page 1

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:	Maine

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP".

For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item of this attachment (see 3. below).

- 2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR."
- 3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item of this attachment, for those groups and payments listed below and designated with the letters "NR".
- 4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item 1 of this attachment (see 3. above).

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Revision: HCFA-PM-91-4 (BPD) Supplement 1 to ATTACHMENT 4.19-B August 1991 Page 2 OMB No.: 0938-STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State/Territory: Maine METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -OTHER TYPES OF CARE Payment of Medicare Part A and Part B Deductible/Coinsurance* QMBs: Part A MR Deductibles MR Coinsurance Part B SP Deductibles SP Coinsurance Other Part A MR Deductibles MR Coinsurance Medicaid Recipients Part B SP Deductibles SP Coinsurance Part A MR Deductibles MR Coinsurance Dua1

(QMB Plus) Part B SP Deductibles SP Coinsurance

Eligible

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^{*} See page 3 for the exception on Durable Medical Equipment and Supplies.

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Supplement 1 to Attachment 4.19-B Page3

OMB No.: 0938 -

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -OTHER TYPES OF CARE

Payment of Medicare Part A and B Deductible/Coinsurance*

Item 1. In the determination of the Department's liability for the Medicare Part B deductible and coinsurance for claims received on or after January 1, 1992 and until January 1, 1997, the total payment to the provider from other Medicare and the Department cannot exceed the lower of either the lowest Medicare approved amount for the State or the maximum allowance established by the Department for services provided, in cases where assignment is required. During this time Chapter II, Section 5, Ambulance Services, are exempt from Medicare coinsurance and deductible limitations. Effective January 1, 1997, the Medicaid payment will not exceed the lowest Medicare approved amount, regardless of the Medicaid maximum allowance. In cases where assignment is not required (as described in Chapter II, Section 60, Durable Medical Equipment and Supplies, of the Maine Medical Assistance Manual), payment will not exceed the maximum allowance established by the Department for the services provided.

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